

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/526372**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		10				
7	1					
8		1				
9		1				
10		3				
11		3				
12		3				
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	18					
TOTAL CLAIMS	21					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						